

# Health Navigator Skill Development Certification Training

Funded By LA County DMH MHSa Workforce Education and Training  
and led by Pacific Clinics Training Institute (PCTI)

**Nomination Deadline: 1/23/12**

## NOMINEE INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Ethnicity:  African American  Asian American  Hispanic/Latino  Native American  
 Pacific Islander  White, Non-Hispanic If other, Please Specify: \_\_\_\_\_

Language:  Arabic  Armenian  Cambodian  Cantonese  English  Spanish  Farsi  
 Russian  Korean  Mandarin  Vietnamese  Tagalog  Sign Language  
 Other Language If Other, Please Specify: \_\_\_\_\_

## NOMINATING AGENCY INFORMATION

Agency Name: \_\_\_\_\_

Please Specify:  DMH Contract Provider  DMH Directly Operated Site

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Service Areas Served:  1 – Antelope Valley  2 – San Fernando  3 – San Gabriel  4 – Metro  
 5 – West  6 - South  7 – East  8 – South bay

Ethnic Groups Served:  African American  Asian American  Hispanic/Latino  
 Native American  Pacific Islander  White, Non-Hispanic  
If Other, Please Specify: \_\_\_\_\_

How will the training be utilized at your site? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**All nominees must confirm that they have a badge and have been cleared to work as a Peer Advocate, Community Worker or Mental Health Worker at their respective site. Please note that individuals nominated by DMH Directly Operated Sites are NOT required to complete the attached Background Clearance Confirmation form – Confirmation will be requested from LA County DMH Human Resources directly. DMH Contract Providers, please complete the Background Clearance section on page 2 of this nomination form.**

Pacific Clinics Training Institute – 2471 E. Walnut Pasadena, CA 91107

Phone: 626.793.5141, Ext. 1-306 - Fax: 626.577.4988 - Email: [PCTI@pacificclinics.org](mailto:PCTI@pacificclinics.org)

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**Nomination Deadline: 1/23/12**

**REQUIRED FOR DMH CONTRACT PROVIDERS ONLY**

## BACKGROUND CLEARANCE CONFIRMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Agency Name: \_\_\_\_\_  
Nominating Supervisor: \_\_\_\_\_  
Supervisor Phone Number: \_\_\_\_\_ Supervisor E-mail Address: \_\_\_\_\_

### Description

The Health Navigator Certification Training is designed to provide Peer Advocates, Community Workers or Mental Health Workers (also known as **nominee/trainee**) with skills and tools to help link consumers with the health care system. The Health Navigator Skill Development Certification is a 44 hour course and is comprised of several components such as classroom instruction, shadowing a Health Navigator and individual and group supervision. All components together will ensure that participants are fully able and prepared to successfully transition as a Health Navigator. This combination of a lecture series as well as the mentoring/shadowing component allows participants to fully engage with consumers and provides hands on training to successfully transition as a community Health Navigator.

Trainees will be required to shadow a Health Navigator (total of eight hours) at a Pacific Clinics site who will demonstrate the Health Navigator process to the trainee. Therefore, individuals who are nominated to participate in this training will be required to have background clearance conducted by their nominating agency. **Pacific Clinics will honor the clearance conducted by the agency nominating the trainee.**

### Confirmation

This confirms that the **nominee** (listed above) has obtained background clearance by the nominating agency and is currently working in a capacity of a Peer Advocate, Community Worker or Mental Health Worker. The supervisor or agency nominating individuals to this training must confirm that, to the maximum extent permitted by law, they have ascertained arrest and conviction records for all current and prospective nominees and shall not recommend any person convicted of any crime involving the harm to elders, dependent adults or minor children. The supervisor must assure the nominee has a badge and has been cleared to work as a Peer Advocate, Community Worker or Mental Health Worker at their respective site. **The nominee is in good standing with our agency and is recommended to participate in the Health Navigator Skill Development Certification Training administered by PCTI.**

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The nominating Supervisor or agency representative must be able to attend the Supervisor Orientation scheduled for February 21, 2012, 1:30 pm – 4:30 pm in Pasadena. All applicants will be contacted regarding the status of the nomination. Please note that only 40 slots are available. Please fax form to: 626.577.4988 or email to [PCTI@pacificclinics.org](mailto:PCTI@pacificclinics.org).**

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